

COMMONWEALTH OF KENTUCKY

State Board of Health
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

25285

1 PLACE OF DEATH

County MulenburgVot. Prec. Beach Creek

Inc. Town _____

City _____

Registration District No. 1092Primary Registration District No. 6827-

(No. _____ St. _____ Ward _____)

File No. _____
Registered No. _____
(If death occurred in a hospital or institution, give its NAME instead of street and number.)2 FULL NAME Annal Engler

PERSONAL AND STATISTICAL PARTICULARS

3 SEX M 4 COLOR OR RACE W 5 Single M
Married
Widowed
or Divorced
(Write the word)6 DATE OF BIRTH _____ 1922
(Month) (Day) (Year)7 AGE 37 yrs. 7 mos. 7 ds.
IF LESS than 1 day _____ hrs. or _____ min?

8 OCCUPATION

- (a) Trade, profession or particular kind of work
- House work
-
- (b) General nature of industry, business or establishment in which employed (or employer)

9 BIRTHPLACE (State or country) Ty10 NAME OF FATHER Willie Buchanan11 BIRTHPLACE OF FATHER (State or country) Ty12 MAIDEN NAME OF MOTHER Martha Mitchell13 BIRTHPLACE OF MOTHER (State or country) Ty

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) W. V. Engler(Address) Beach Creek,15 Filed 12/9, 1922 Victor J. ... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH _____ 1922
(Month) (Day) (Year)17 I HEREBY CERTIFY, That I attended deceased from 11-2, 1922, to 11-16, 1922, that I last saw her alive on 11-16, 1922, and that death occurred on the date stated above at 11:20 a.m.The CAUSE OF DEATH* was as follows:
Tuberculosis of Lungs(Duration) 3 yrs. 8 mos. 8 ds.Contributory (Secondary) _____
(Duration) _____ yrs. _____ mos. _____ ds.(Signed) P. A. ..., M. D.11-22, 1922 (Address) Beach Creek

*State the Disease Causing Death; or, in deaths from Violent Causes state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)

at place _____ in the _____ of death _____ yrs. _____ mos. _____ ds. State _____ yrs. _____ mos. _____ ds.

Where was disease contracted, _____

if not at place of death? _____

Former or usual residence _____

19 PLACE OF BURIAL OR REMOVAL : DATE OF BURIAL

Gardner B. S. 11-21, 1922

20 UNDERTAKER ADDRESS

L. H. Steward Beach CreekWRITE PLAINLY, WITH UNFAADING INK—THIS IS A PERMANENT RECORD
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain ink so that it may be properly classified. See instructions on back of certificate. very important.